

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035831

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 128
FILED SEP 25 1963

Primary Registration District No. 2002 Registrar's No. 1277-B

VS 300
Rev. 4/59

10397

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREEN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 3 WEEKS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ROBERT BENNETT THURMAN		4. DATE OF DEATH Month SEPT. Day 15 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/16/29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		11. BIRTHPLACE (City and state or country) BUFFALO, MO.	
13a. FATHER'S NAME LAWRENCE THURMAN		13b. MOTHER'S MAIDEN NAME GERTRUDE BENNETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES KOREAN		17. INFORMANT BEVERLY THURMAN: AURORA, MO.	
18. CAUSE OF DEATH (Enter only one cause per time or (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis, acute, fulminating 1 month Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) Appendectomy done 16 August		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION SPRINGFIELD, MO.	
21. I attended the deceased from 25 Aug 63 to 15 Sept 63 and last saw him alive on 15 Sept 63 Death occurred at 1:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE William W. Wood MD	
22b. ADDRESS 1211 N. Glenstone		22c. DATE SIGNED 21 Sept 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/18/63	
23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY		23d. LOCATION (City, town, or county) (State) AURORA, MO.	
24. FUNERAL DIRECTOR ARNOLD IS		25. DATE RECD. BY LOCAL REG. 9-23-63	
26. REGISTRAR'S SIGNATURE Bernie Medley		27. FUNERAL HOME: AURORA, MO.	

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1963

JAN 13 1967

9/13/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Irvin Q. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.